



CBSE CLUSTER IX FOOTBALL TOURNAMENT 2025-2026

**ANNEXURE - D
(REGISTRATION FORM) (Age Group - _____)**

Name of the School _____

School Address: _____

School Contact No: _____ CBSE Affiliation No: _____

Principal's Name: _____ Contact No: _____

S.No.	Team Manager/Coach Name	Designation	Mobile No.
1			
2			

S.No.	Students Name	Class	Parent Contact No.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

Sports In-charge

School Seal

Signature of the Principal